Fourteenth Loksabha

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Participants : Chatterjee Shri Somnath

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Title: Congratulation to Shri Jaspal Rana, ace shooter who was chosen as the best sportsperson in the ongoing Asian Games at Doha.

MR. SPEAKER: Hon. Members, it is a matter of great pride that in the ongoing Asian Games at Doha, our ace shooter Jaspal Rana has been chosen 'the Best Sportsperson'. He won three gold medals in the pistol shooting event, thus substantially adding to the country's medals tally at the Games.

I am sure that the House would join me in congratulating Shri Jaspal Rana on his excellent performance, which has brought laurels to the country.

प्रो. विजय कुमार मल्होत्रा (दक्षिण दिल्ली) : अध्यक्ष महोदय, 13 दिसम्बर को संसद को बचाने मे जिन लोगों ने अपने प्राण अर्पित किए, उन शहीदों को अभी आपने श्रद्धांजलि अर्पित की। परन्तु अफजल को फांसीन देना...(व्यवधान)

अध्यक्ष महोदय : आपने कल यह मामला उठाया था।

...(व्यवधान)

अध्यक्ष महोदय : आप जानते हैं कि एक ही मुद्दा रोज नहीं होता।

...(व्यवधान)

MR. SPEAKER: This matter was raised by the hon. Leader of Opposition yesterday itself, and there was also some discussion on this issue. Actually, there was almost a full discussion on that issue, and the hon. Home Minister also gave his response to it.

… (*Interruptions*)

PROF. VIJAY KUMAR MALHOTRA : Sir, it was a very poor response. … (*Interruptions*)

MR. SPEAKER: You may not agree to it.

… (*Interruptions*)

MR. SPEAKER: Please allow the House to run. I will earnestly appeal to all of you.

… (*Interruptions*)

MR. SPEAKER: I am not minimizing the importance of the matter. We have paid respect to all those who lost their lives.

… (*Interruptions*)

MR. SPEAKER: Let us carry on with the business before us in deference to the memory of all those who laid down their lives. I appeal to all of you.

… (*Interruptions*)

अध्यक्ष महोदय :अनंत कुमार जी, प्लीज़ हाउस चलने दीजिए।

...(व्यवधान)

MR. SPEAKER: This matter was raised in the House yesterday only.

… (*Interruptions*)

प्रो. विजय कुमार मल्होत्रा : अध्यक्ष महोदय, हमारा प्रोटैस्ट रिकार्ड कर लिया जाए।...(व्यवधान)

अध्यक्ष महोदय : मल्होत्रा जी, आपने जो बोला है, वह रिकार्ड हो गया।

...(व्यवधान)

THE MINISTER OF PARLIAMENTARY AFFAIRS AND MINISTER OF INFORMATION AND BROADCASTING (SHRI PRIYA RANJAN DASMUNSI): Sir, will you take up this matter again during the 'Zero Hour'?

MR. SPEAKER: No, not this matter.[r1]

11.05 hrs.

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MR. SPEAKER :Shri Joachim Baxla, Question no. 302.

(Q. No. 302)

SHRI JOACHIM BAXLA : Sir, in the reply it has been stated that several steps have been taken to augment the extraction potential. However, going by the past three years' record, there is no substantial improvement. Therefore, I would like to know from the Minister the steps that he proposes to improve the situation.

MR. SPEAKER: He has mentioned that in the reply.

DR. DASARI NARAYAN RAO: Sir, it is a continuous process. As on January 1, 2006, the total estimated coal reserves are 253 billion tonnes. This is based on the exploration carried out by the Geological Survey of India and the Central Mining Planning and Design Institute. They are doing this every year. From the total reserves, I think we have ample reserves. As on today the proved reserves are only 31 per cent and we have still to explore the rest. So, it is a process that is going on.

SHRI TATHAGATA SATPATHY : Thirty-one per cent of what?

MR. SPEAKER: He has given full details.

SHRI JOACHIM BAXLA : Has the Government in recent times carried out any survey to ascertain the volume of coal reserves? If so, has a survey been undertaken in the State of West Bengal and what quantity of coal reserves was found of which quality? If not, is there any proposal to carry out such a survey in the future?

DR. DASARI NARAYAN RAO: Sir, West Bengal ranks the fourth in the country as far as its estimated coal reserves are concerned with 27.80 billion tonnes. West Bengal ranks third in the country as far as the proved reserves are concerned with 11.40 billion tonnes. I understand that most of the potential coal bearing area in the State of West Bengal has already been explored. The exploration being undertaken now is mostly detailed exploration to convert the indicated into the proved. The State has 11.80 billion tonnes of indicated and only 4.5 billion tonnes of inferred reserves. In West Bengal, annually about 15,000 to 20,000 metres of drilling is being done as per the requirement which is mostly developmental drilling. This is a continuous process. It is being added every year.

श्री धर्मेन्द्र प्रधान : अध्यक्ष महोदय, माननीय मंत्री जी ने जो उत्तर दिया है, स्पेसीफिक उसके एक भाग का मैं क्लेरीफिकेशन चाहता हूं।मंत्री जी ने उत्तर के 'डी' भाग में कहा है कि faster allocation of more blocks for captive mining.उस प्रश्न के दो पहलू हैं। Demand for coal has increased not only in the power sector but in other sectors also. जब प्रदेश सरकार कैपटिव माइनिंग मांगेगी, तो क्या आप उसे प्रॉयरिटी बेसिस पर देंगे? दूसरा, अधिक प्रोडक्शन के लिए सबसे बाधक चीज होती है, जिस पर देश चर्चा करता है, वह एक अच्छी आर एंड आर पालिसी है। As on today, even after giving many assurances, Coal India and the Ministry of Coal are yet to come out with a good and progressive R & R policy. These are the two preconditions. Are you going to give it to the States which are asking for it and are you going to come out with a good R & R policy?

MR. SPEAKER: What policy?

SHRI DHARMENDRA PRADHAN : R & R Policy - Rehabilitation and Resettlement Policy.

DR. DASARI NARAYAN RAO: The hon. Member is very much concerned about the production of coal in the country. After the UPA Government has come into power we have allocated about 76 coal blocks. In total, 123 captive coal blocks have been allocated. If a State Government comes forward, we are ready to allocate these under the Government dispensation. Regarding the R & R policy, it is still under consideration. Hon. Prime Minister is very keen on this and the scheme is being worked out.[r2]

SHRI LAKSHMAN SETH : Sir, as per the National Integrated Energy Policy, our country has reserves of coal sufficient for 200 years. If that is a fact, why is the Government importing coal instead of extracting coal?

DR. DASARI NARAYAN RAO: Sir, our present coal reserves are sufficient for 100 years of the country's requirement if today's coal requirement continues. If we take into account the growing coal requirement, our coal reserves will be sufficient for 30 to 40 years. But that is not the end. Only 31 per cent of the total coal bearing area has been explored in detail and there is area that is still remaining. So, there is no problem for 100 years.

With regard to coal imports, you know very well that in our coal the ash content is more. It is nearly 40 per cent. The steel industry requires coking coal. We have less reserves of cooking coal. So, it is a must for us to import coal.

DR. ARUN KUMAR SARMA : Mr. Speaker, Sir, there are two methods of coal extraction – one is opencast mining and the other is underground mining. What is the percentage of coal extraction in the country through underground mining and through opencast mining? Opencast mining results in loss to environment. There is large scale destruction of forest cover and loss of valuable top soil. This is largely prevalent in the North-Eastern Coalfields of Assam. What steps is the Ministry taking to control pollution so that our environment is protected?

MR. SPEAKER: Answer the last part.

DR. DASARI NARAYAN RAO: The percentage of underground mining is comparatively less in the country. In fact the production in underground mines in Coal India Limited has come down since nationalization. Before nationalization, the easily available upper seams of coal were exploited by the owners of the mines. Now we are taking all measures to improve our underground mining. However, the percentage of opencast mining is more. Nearly 85 per cent of the coal that we are extracting is through opencast mining.

DR. ARUN KUMAR SARMA : What about the damage caused by opencast mining to the environment?

MR. SPEAKER: Refer it to the Environment Ministry.

DR. DASARI NARAYAN RAO: Actually, we are attending to it, Sir.

DR. ARUN KUMAR SARMA : It is related to this Ministry.

MR. SPEAKER: I have helped you. He will refer it to the Environment Ministry.

DR. ARUN KUMAR SARMA : In the North-East, vast stretches of areas are being damaged.

MR. SPEAKER: You are a cooperating hon. Member. Please sit down.

श्री भँवर सिंह डांगावास : अध्यक्ष जी, मैं आपके माध्यम से मंत्री जी से निवेदन करना चाहता हूँ कि खनन करने से कोयले का जो उपयोग हो रहा है, वह महंगा है। मेरे यहां पर वह कोयला जो खनन करने से काम में नहीं आता है, उसे जमीन के अन्दर ही जलाकर बिजली उत्पन्न की जा सकती है अर्थात अण्डरग्राउण्ड कोल गैसीफिकेशन स्कीम, जो आपने गुजरात में किया है। मेरे क्षेत्र में मेड़ता के पास मीरानगर नाम से कोयले की खानें हैं, जहां पर इसके लिए कुएं खुदे हुए हैं, वहां इसे सिर्फ इम्प्लीमेंट करने की जरूरत है। मैं माननीय मंत्री जी से जानना चाहता हूँ कि क्या आप इस काम को वहां प्रारम्भ करेंगे?

DR. DASARI NARAYAN RAO: Sir, with regard to coal gasification, we are already at it. We had a model project in NLC which will be launched. We are going ahead with it.

MR. SPEAKER: I hope you will consider his case.

DR. DASARI NARAYAN RAO: Yes, Sir.

(Q. No. 303)

SHRI BALASAHEB VIKHE PATIL : Mr. Speaker, Sir, I would like to ask the hon. Minister, through you, this. Hon. Minister has given in her reply that CGHS would be extended to the general public under the insurance coverage. At the same time, there is a 10^{th} Plan mid-term review which also suggested reforms. There are directions from the Prime Minister and the Planning Commission. The Government has appointed Ferguson Committee to look into the aspect of improving the Scheme. There is also a Committee appointed by the Minstry under Shri Kaul, former Cabinet Secretary for improvement in this regard. What is the status of these organizations and committees? How are we going to open up the CGHS to the public? The Finance Minister has already suggested to stop the Plan support. Under these circumstances, how are we going to implement the schemes?

MR. SPEAKER: He is asking about the status of the Reports.

SHRIMATI PANABAKA LAKSHMI: It is the constant endeavour of the Government to provide best facilities under the CGHS and the Central Government institutions. Empanelment of private

hospitals/diagnostic centres is an additional facility provided by CGHS. This is a continuous process.

MR. SPEAKER: Mr. Minister, look into the Reports.

SHRI BALASAHEB VIKHE PATIL : How would the Ministry further improve the system by bringing in public with insurance covers? I expect the Minister to answer to this specific question.

Only 28 cities are covered. Now-a-days, a number of rural centres are coming up with hospitals and diagnostic centres. The Government has invited applications only in 2004. The Government is going to invite new applications. Hence, I would say that expansion will be for better because a number of beneficiaries and Government servants, particularly in Army and Border Security Force are in the rural areas and they do not come to the city. Is there any plan before the Government in this regard? How can all these things happen?

The treatment of diseases like HIV and AIDS is expensive. All these centres do not provide the treatment for these diseases. Would the Government consider giving treatment to those affected by HIV and AIDS so that their lives can be saved?

MR. SPEAKER: Too many subjects.

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): With your permission, I would like to reply.

Hon. Member has mentioned about the Reports of Kaul and Fergusson Committees. I would like to say that we have received these reports. The CGHS is in a non-Plan budget. We improve the facilities throughout the year. There is a thinking that shortly we are going to close CGHS dispensaries or polyclinics. I would like to say that all the facilities provided in these dispensaries are going to continue. We are still trying to improve it further. We have literally about nine lakh card holders and approximately 33 lakh beneficiaries.

Today we have about 24 cities which come under the CGHS. The criterion for enlisting CGHS dispensary to a city in this. A city should have 2,000 card holders and at least 6,000 beneficiaries within a three kilometre area. That is one of the basic criteria.

We need more beneficiaries and pensioners into this Scheme for enlisting a city under the CGHS. Definitely, I would say that we are constantly improving this Scheme. I am sure that in the last two years not much complaints have come about the CGHS because we have improved the CGHS facilities a lot.

श्रीमती किरण माहेश्वरी : अध्यक्ष महोदय, मैं आपको धन्यवाद देती हूं कि आपने मुझे पूरक प्रश्न पूछने के लिए अवसर दिया। मंत्री जी ने अपने जवाब में कहा है कि सरकार ने सीजीएचएस के साथ कई निजी चिकित्सालयों को भी सम्बद्ध किया है। मैं राजस्थान राज्य से आती हूं। वहां पर बहुत ही कम ऐसे केन्द्र और अस्पताल हैं, जो सीजीएचएस से जोड़े गए हैं, जहां जाकर हम अपना इलाज करा सकते हैं। मेरा मंत्री जी से निवेदन है कि वह सीजीएचएस की सूची में संशोधन करके कुछ और ऐसे निजी अस्पतालों तथा केन्द्रों को भी उसमें जोड़ा जाए, जिससे ज्यादा संख्या में सरकारी कर्मचारी अपना इलाज करा सकें। देखा गया है कि सीजीएचएस और उससे जुड़े इन अस्पतालों तथा केन्द्रों में लोगों को प्रॉपर इलाज नहीं मिलता है। इस बारे में कुछ चैकिंग वगैरह

की व्यवस्था होनी चाहिए। मैं मंत्री जी से जानना चाहती हूं कि इस संदर्भ में उन्होंने क्या कार्रवाई की है, यह बताने की कृपा करें?

DR.ANBUMANI RAMADOSS: Sir, earlier we had a process of one-time empanelment of private hospitals, because the Government facility under CGHS was not enough. We were mainly vacating dispensaries and polyclinics. In 1994 we had the first empanelment and then we had it in the year 2000. In that one-time empanelment we called for the applications, scrutinized them and then went for the inspection and short-listed them according to the criteria that we had. But now we have opened out the empanelment. Any hospital could be empanelled and they could apply to the Government of India any time of the year. It is not that we are limiting any hospital. If one hospital fails to get empanelled this year it can apply any time next month or next year. We have the specific criteria like they should have 100 bedded hospital, they should have a 500 mA X-Ray facility. If they fulfill those criteria we will be happy to empanel private hospital in CGHS empanelled cities.

SHRI HANNAN MOLLAH : Sir, the CGHS beneficiaries are referred to private hospitals in Delhi for specialized treatment. Many of those hospitals were given land by the Government on the condition that they would treat the poor patients at cheaper rates. It is reported that some of the hospitals refused to treat the CGHS patients at lower rate. I would like know whether the Government will take action against such private hospitals and if needed the price of the land given free will be recovered from them.

DR. ANBUMANI RAMADOSS: Sir, this issue has been time and again brought to the notice of the august House. In fact, the Urban Development Ministry is looking into this issue where land had been allotted to some private hospitals for building and in return of free treatment – in-patients and out-patients – of some percentage of poor patients. Some of these hospitals failed to do this. That has now been dealt with by the Urban Development Ministry. Still it is under process. We are having a discussion whether as a one-time measure they could give the amount for the land, as per today's rate, which could be insured for the poor patients. These are some of the things which we are considering but nothing has been finalized as of date.

Coming back to the CGHS, we have a fixed criterion of rates for private hospitals. We empanel hospitals. They apply to us and we scrutinize the applications. The Quality Council of India goes through the inspection of these hospitals and give us a short-listed group of hospitals. Supposing, hundred hospitals have applied, about 30 of them will be short-listed in the end. There we take the L-1 rate given. These are the rates we take for private hospitals. Some of these hospitals, which the hon. Member has said, did not accept these rates. We have again sat with them and asked them to accept these rates. Again, Sir, it has not stopped there. The discussion is going on.

MR. SPEAKER: The point is, if they had been given land at the cheaper rates, why should not they treat poor patients at lower rates?

DR. ANBUMANI RAMADOSS: Not all the hospitals had been given the land. Only some of the hospitals were given

MR. SPEAKER: It should be looked into.

DR. ANBUMANI RAMADOSS: We will definitely look into it, Sir.

श्री शैलेन्द्र कुमार : माननीय अध्यक्ष जी, मैं आपके माध्यम से माननीय मंत्री जी से पूछना चाहूंगा कि सीजीएचएस में केन्द्रीय कर्मचारी, चाहे वे फोर्थ-क्लॉस के हों, चाहे मध्यम-वर्गीय कर्मचारी हों या अधिकारी हों, उनके इलाज के लिए ये केन्द्र खोले जाते हैं। लेकिन जैसे माननीय मंत्री जी ने अपने उत्तर में कहा है कि बहुत से अस्पताल जिनको सीजीएचएस के अंतर्गत केन्द्र बनाने की बात होती है, उनमें जो प्राइवेट नर्सिंग होम्स हैं, जिनकी क्षमता 25-50 या 100 बिस्तरों की है, उन लोगों ने भी आवेदन यहां किया है। आपके मानक के अनुसार चूंकि शहरों के अलावा ग्रामीण क्षेत्रों में स्थिति चिंताजनक है और वहां एक्सपर्ट डाक्टर्स नहीं हैं, सरकारी, गैर-सरकारी अस्पतालों को आप सीजीएचएस के अन्तर्गत लाते हैं, लेकिन गंभीर इलाज जैसे हार्ट, कैंसर और किडनी के मरीजों के लिए आप क्या प्रावधान उनमें करेंगे, विस्तार से बताएं? [r3]

DR. ANBUMANI RAMADOSS: Sir, as I have already answered, the CGHS beneficiaries are in 24 cities. So, we do not have a rural CGHS institution. I could give the list of these 24 cities to the hon. Member. We already have a criterion for empanelment of the private hospitals. For example, for a general Multi-Specialty Hospital, there should be a 100 bedded hospital and they should have an extra capacity of 500 bed MAN. These are some of the criteria. For Single Specialty Hospital also, I think it should be a minimum of 100 bedded hospital. These may be an ophthalmology or an ENT hospital. These are some of the criteria for empanelment other than CGHS. There is CSMA which is run in the areas which are not covered by the CGHS.

MR. SPEAKER: Shri Ram Kirpal Yadav, just because you have kept quiet since morning.

श्री राम कृपाल यादव : अध्यक्ष महोदय, हम तो हमेशा ही चुप रहते हैं।

अध्यक्ष महोदय : यह तो सभी जानते हैं। आप प्रश्न पूछिए।

श्री राम कृपाल यादव :महोदय, मैं ज्यादा समय न लेते हुए सीधा प्रश्न करूंगा। जैसा कि सूची में बताया है कि पूरे देश में, मेरे संसदीय क्षेत्र पटना में भी सीजीएचएस के अस्पताल हैं। मुझे दुख के साथ कहना पड़ रहा है कि वहां कोई व्यवस्था नहीं है, यहां तक कि मामूली से मामूली दवाई भी वहां उपलब्ध नहीं होती है। आप सीजीएचएस के अस्पतालों पर सीधा नियंत्रण रख रहे हैं। सीजीएचएस के अस्पतालों में जाने वाले जो रोगी हैं, उनके लिए वहां कोई व्यवस्था नहीं है, उन्हें दवाई तक नहीं मिलती, न जांच की कोई व्यवस्था है। मैं माननीय मंत्री जी से पूछना चाहता हूं कि क्या इन अस्पतालों की व्यवस्था सुधारने के लिए कोई ठोस कदम उठाएंगे, जिससे कि अगर रोगी इलाज के लिए जाए तो उसका सही ढंग से इलाज हो सके?

DR. ANBUMANI RAMADOSS: Sir, firstly in general definitely we have improved a lot. We have, now, initiated a new drug formulary where a lot of modern and high quality drugs have been approved. All these CGHS dispensaries in this country are having these quality drugs.… (*Interruptions*)

श्री राम कृपाल यादव : महोदय, मैं पटना के बारे में पूछ रहा हूं। मैं स्वयं सीजीएचएस अस्पताल में गया था।…(व्यवधान)

MR. SPEAKER: Nothing is being recorded.

*(Interruptions)**

अध्यक्ष महोदय : आप क्या कर रहे हैं? अभी आपको सर्टिफिकेट मिला था और अभी आपने खो दिया है।

DR. ANBUMANI RAMADOSS: Coming to Patna, we will definitely look into the issues which the hon. Member has raised and definitely we will rectify if there are deficiencies.

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*Not Recorded

(Q. No. 304)

श्री हेमलाल मुर्मू : अध्यक्ष महोदय, एक अतारांकित प्रश्न से मैं अपना प्रश्न शुरू करता हूं। अतारांकित प्रश्न 2147, दिनांक 16.3.2005 के उत्तर में माननीय मंत्री जी ने कहा है -

> "There is an increase of micro filarial rate in Assam, Gujarat, Madhya Pradesh, Uttar Pradesh and Daman and Diu while the other States show a decrease of micro filarial

rate."

महोदय, मंत्री जी ने जो संलग्नक दिया है, उसमें पश्चिम बंगाल में वर्ा 2002 में माइक्रो फाइलेरिया रेट 3.29 परसेंट था और वर्ा 2003 में 4.85 परसेंट हो गया। यह सदन निर्णय करे कि क्या मंत्री जी के इस वक्तव्य से सदन गुमराह नहीं हो रहा है। मेरा पूरक प्रश्न है कि देश के प्रत्येक राज्य खास कर झारखंड के उन चयनित जिलों का क्या नाम हैं, जिन्हें जन औाधि प्र ाशासन लिम्फाइडेमा वाले रोगियों को घर पर उपचार करने और व्यापक औाधि प्रदान एम.डी.ए. के अंतर्गत किया गया है?

अध्यक्ष महोदय :आपके दोनों प्रश्न हो गए हैं।

**श्री हेमलाल मुर्मू : ** नहीं महोदय, मेरा दूसरा प्रश्न यह है कि।

अध्यक्ष महोदय : ठीक है, अभी आप बैठ जाइए।

...(व्यवधान)

अध्यक्ष महोदय : आपके सहयोग के लिए मैं आपका बहुत आभारी हूं।[MSOffice4]

DR. ANBUMANI RAMADOSS: Sir, the details which the hon. Member has given, if he brings them to our notice, I am not aware of this, definitely we will rectify that and if there is a problem I would, through you, bring it to the notice of the august House.

MR. SPEAKER: You may send the particulars to the hon. Member.

श्री हेमलाल मुर्मू अध्यक्ष महोदय, मैं फिर देख रहा हूं कि 2004 में झारखंड में मरीजों की संख्या 2004 में 43951 थी जो 2005 में बढ़ कर 56590 हो गई। वहां बड़ी रफ्तार में रोगियों की संख्या बढ़ रही है। मेरा प्रश्न है कि विगत तीन वर्ों एवं चालू वर्ा के दौरान देश के प्रत्येक राज्य खास कर झारखंड में फाइलेरिया उन्मूलन के लिए आवंटित धनराशि में से प्रत्येक वर्ा जल वृाण तथा अन्य इलाकों में अलग-अलग कुल कितनी धनराशि खर्च की गई है?

MR. SPEAKER: Mr. Minister, can you give the particulars now? आप इसकी डिटेल्स भेज दीजिए।

DR. ANBUMANI RAMADOSS: Sir, I would definitely give the particulars to him today after the House adjourns.

Sir, the funds released for Jharkhand during 2003-04 was about Rs. 170 lakh and funds released to Jharkhand during the year 2005-06 was about Rs. 166.48 lakh and funds released to Jharkhand during the year 2006-07 was about Rs. 166.48 lakh. We have been using this mostly for Mass Drug Administration. There are about 20 States endemic for Filariasis in this country. The WHO and the Government of India have got in association and said that in the next five years, from 2004, we will go for Mass Drug Administration of Diethylcarbamazine Citrate tablets. This tablet should be given as one dose to cover the entire spectrum of about 20 States which are endemic. Literally, this year we have covered about 243 districts all over the country including Jharkhand. This is a continuous process. This is to cut transmission of microfilariae through the mosquitoes. This is definitely a serious issue. We are taking all positive measures to prevent this and this is

caused by the vector of mosquitoes. So, we are taking a lot of measures also for prevention of breeding of mosquitoes, including in Jharkhand.

श्री हंसराज जी. अहीर : अध्यक्ष महोदय, फाइलेरिया जैसी खतरनाक बीमारी कुछ स्टेट्स में बहुत ज्यादा पैमाने में हो रही हैं और वे राज्य महाराट्र, उड़ीसा, तमिलनाडु, पश्चिम बंगाल और आन्ध्र प्रदेश हैं। इस बीमारी की रोकथाम के लिए जो धनराशि दी गई है, क्या सरकार उसे ज्यादा बढ़ाकर देने के बारे में विचार कर रही है? क्या देखने में आया है कि फाइलेरिया बीमारी फॉरेस्ट एरिया में ज्यादा मात्रा में होती है।

DR. ANBUMANI RAMADOSS: Sir, the hon. Member is right when he says that Filariasis is mostly found in the rural areas and mostly the poor people are affected by it. As and when the need arises we will definitely increase the amount of funds to be allocated to different States according to their absorption capacity and functioning. The number of cases which have increased, as was mentioned by the hon. Member, is due to our house to house surveillance. Due to this we have been able to find more number of cases. Before every Mass Drug Administration we have fixed MDA in some part of the year. This year it was in the month of November. Two weeks prior to that personnel go to every house in the endemic areas, in each district and do a survey as to who have been affected by Filariasis, Lymphodema, Hydrocele and things like that. We give these drugs later on. We are taking all measures. The National Health Policy states that by the year 2015 we will eliminate Filariasis and we are moving in that direction.

MR. SPEAKER: He mentioned about forest areas.

[R5]DR. ANBUMANI RAMADOSS: All the endemic areas have been covered.

DR. BABU RAO MEDIYAM : Sir, for eradication of filariasis, there is a National Filaria Research and Training and it has got some Regional Centres also. I want to know from the Minister about the role of these Centres in eradicating filariasis in the Agency and other scheduled areas where it is endemic. I also want to know whether sufficient quantity of Diethylcarbamazine Citrate tablets are available in the country or not.

DR. ANBUMANI RAMADOSS: As the hon. Members has said about Agency areas, I would like to say that in almost all the endemic States, we have units to deal with filariasis and these units are functioning. If you access them and sound them about the increase in cases, they would go in for a house to house survey. All these things come under capacity-building process. These filariasis units are there in almost all the endemic States and sufficient DEC tablets are available in this country. We have supplied these DEC tablets to almost all the States.

श्रीमती रंजीत रंजन अध्यक्ष महोदय, माननीय मंत्री जी ने जो डाटा पेश किया है, उसके हिसाब से बिहार को फाइलेरिया का गण माना जाता है। करीब 25-26 लाख लोग इस बीमारी की चपेट में हैं। माननीय मंत्री जी ने 2004-05 का जो डाटा दिया है , उसके अनुसार ऑपरेशन मात्र 1683 लोगों के हुए हैं। 2004-05 के तो आंकड़े दिए हैं लेकिन 2005-06 में कुल कितने आपरेशन हुए हैं? सरकारी अस्पतालों में इसका प्रॉपर इलाज नहीं होता है। इसके इलाज के लिए गोलियां आराम से मिलती हैं। ऑपरेशन हाइड्रोसील वगैरह के होते हैं और वे सरकारी अस्पतालों में मुहैया नहीं हैं। जैसा मंत्री जी ने कहा कि यह बीमारी रूरल एरियाज में ज्यादा होती है जिस के कारण इससे गरीब लोग पीड़ित होते हैं। सरकारी अस्पतालों में उनका प्रॉपर इलाज नहीं होता है जिससे उन्हें प्राइवेट इलाज कराना पड़ता है और उसके लिए उनके पास इतने पैसे नहीं होते हैं। आप इसके लिए क्या कदम उठाएंगे? मेरा दूसरा प्रश्न है कि ...(व्यवधान)

अध्यक्ष महोदयः इतनी सारी डिटेल्स मंत्री जी कैसे देंगे? वह अभी आपको मिल नहीं सकती है।

श्रीमती रंजीत रंजन : 2005-06 में कितने लोगों का सरकारी अस्पतालों में ऑपरेशन हुआ है? मैं इन सब की डिटेल्स जानना चाहती हूं।

DR. ANBUMANI RAMADOSS: As a national figure in 2004, after we have done a house to house survey, we have identified 3,61,234 cases of lymphoedema – it is called elephantiasis – and about 2,26,807 cases of hydrocele. In 2005, we have identified, from 243 districts, 5,24,416 lymphoedema cases and 3,08,582 hydrocele cases caused due to filariasis. Under this programme, in the case of hydrocele, operations are being done by the State Government Hospitals. We have identified the patients and they are referred to the State Government Hospitals. These Hospitals are equipped to handle the operations of hydrocele patients.

Regarding Bihar, I do not have the figure with me today. I will get the figure and inform the hon. Member.

MR.SPEAKER: Naturally. How can you answer such questions immediately?

SHRI C.K. CHANDRAPPAN : Sir, the coastal areas of Kerala, especially Cherthala of Alleppey District, are largely affected by filariasis for the last few decades or century. The Minister might remember that he visited that area when chikungunya attack was there. At that time, the Government had promised to strengthen the ICHR Institute based in Pondicherry. It was said that research and all that will be strengthened. Also, there is the National Laboratory for Communicable Diseases in Cherthala. You promised that that also would be strengthened. Now the problem is, there is fast breeding of mosquitoes which is called mutation and they have become capable of carriers of even yellow fever and diseases like that. Considering this, what steps will you take to strengthen medical assistance especially from the point of view of research in the areas which are now affected by chikungunya?

MR. SPEAKER: Chikungunya is not coming under this.

SHRI C.K. CHANDRAPPAN : Sir, it is a vector-borne disease. [MSOffice6]

MR. SPEAKER: Is it the same as Filaria?

DR. ANBUMANI RAMADOSS: It is again a vector-borne disease carried by mosquitoes.

MR. SPEAKER: But the Question is not based on mosquitoes.

DR. ANBUMANI RAMADOSS: We have already initiated the process for upgrading the lab in that area to which the hon. Member referred to. There the Vector Institute was literally dismantled. We have now asked it to be modernized and expanded. We are again considering to restructure the Institute as well as to modernise the Virology Laboratory. For both these things the processes are being initiated.

(Q. No. 305)

SHRI ADHIR CHOWDHURY : Sir, the menacing spectre of spurious drugs has already assumed a global dimension. The world body, at the behest of World Health Organisation, has established a set of norms and principles under the nomenclature "Rome Declaration".

In India, the pharma industry has been growing phenomenally at the rate of ten per cent. It has registered a boom. But the boom is juxtaposed with the bane also, because the counterfeit medicines have invaded the entire pharma industry and the medicine mafia is running the industry with impunity. Along with the menace of spurious drugs, the menace of expired drugs and kits have also assumed alarming proportion.

In the recent past, in West Bengal, expired Monozyme instant blood testing kits worth crores of rupees were unearthed. The State Government of West Bengal got befuddled as to how to ascertain the number of persons who have undergone blood transfusion and as to how many of them have been infected with HIV or Hepatitis 'B' virus.

In view of this menacing situation in the pharma industry despite the boom, may I ask the hon. Minister whether our regulatory mechanism is well equipped to deal with the tech-savvy medicine mafia?

DR. ANBUMANI RAMADOSS: Sir, the hon. Member is right when he says that Indian pharmaceutical industry is growing at a rapid pace. Every year in this sector we have ten per cent growth rate, which is very wide and huge compared to global volume. Seventy of Indian pharmaceuticals are US FDA approved, which shows the high quality of Indian pharmaceuticals. Approximately 400 to 500 units are approved by European agencies, Canadian agencies, etc. So, we are going through this process.

The hon. Member is also right in saying that there has not been adequate regulatory mechanism to counter the issues pertaining to this industry. After the UPA Government has taken over, we have taken a number of steps. We have had a series of complaints relating to spurious, adulterated and mis-branded drugs. These are three different entities. Spurious, adulterated and mis-branded drugs cannot be categorized under one category. You cannot call them counterfeit. These are different entities.

In this regard, we have already strengthened the Drugs and Cosmetics Act. Way back in 2003 we requested Dr. Mashelkar to give us some recommendations on how to strengthen our drug regulatory mechanism and he had given some recommendations. On one of the recommendations, we have already suggested amendment to the Drugs and Cosmetics Act, which relates to stricter penal and legal punishments, like levying a fine of Rs. 10 lakh, life imprisonment, etc. It has been submitted to the Cabinet and we will introduce it as soon as the Cabinet approves it.[MSOffice7] That is one part of it.

[a8]

Secondly, we are also going through formation of a new National Drug Authority which has been pending for a very long time. Once this Authority is fully conceptualized and put in place, it will go a long way in strengthening our mechanism. We do not have a holistic mechanism. Today, the system is that any State would give permission for licence of any product. So, we do not have a Central licensing pattern. For example, if the State of Uttar Pradesh does not permit any licence, the licence could be got in Bihar and sold back in Uttar Pradesh. So, there are a lot of systems within the regulatory mechanism. We are trying to synergize all these systems through the National Drug Authority, which we are going in a big way. The building has been built and will be inaugurated soon. We are also training our officers and drug inspectors as well as the officers in the drug testing laboratories. We are going on a World Bank funded project and literally about Rs. 350 crore or Rs. 360 crore have been put into place where all these food and drug laboratories of the Central and State Governments are being modernized and upgraded so that, first of all, we have a drug testing capacity and then improving the facilities of capacity building of our officers. We are also going through a lot of training process. So, we are definitely looking into this issue. As you said, our industry is growing and we are trying to support the industry.

MR. SPEAKER: We should not allow growth of fake industries.

SHRI ADHIR CHOWDHURY: From the reply of the hon. Minister which has come to me, it is mentioned that still India is not permitting the sale of medicines through Internet. Our Information and Technology Minister is present here. In the age of Information Technology, we cannot prevent the incoming of Internet pharmacy for good.

Secondly, spurious medicines even routed through the medical practitioners as they are getting the privilege of being exempted from obtaining any licence for selling of medicine.

Thirdly, there is no authenticated data. I do not know whether the Ministry has any authenticated data or not in regard to the spurious drugs, counterfeit and expired drugs etc.

So, may I ask the hon. Minister whether he is going to ponder over conducting a national survey for spurious drugs in India?

DR. ANBUMANI RAMADOSS: Sir, as far as the first question raised by the hon. Member is concerned, he is right that today we do not have a policy of Internet purchase of drugs in this country. But since we have grown through the Internet explosion in our IT explosion, definitely we will look into these issues and we will take appropriate action as and when required.

Now, I come to the second issue. Yes, we will definitely take the suggestion of the hon. Member. If required, we will go for a national survey. But there are different issues pertaining to these spurious drugs and the Government is going all out to tackle this spurious drugs issue. The main issue relates to the State Governments. The State Governments have their own regulatory bodies, Drug Controlling Authority and they have their own drug inspectors. We have to work in tandem. So, that is again a problem and we are trying to take care of this problem. We will definitely consider the suggestion of the hon. Member.

MR. SPEAKER: I think Half-an-Hour Discussion on this issue will be good.

SHRI TAPIR GAO : Sir, last time also during the Question Hour, the hon. Minister has mentioned one thing that the medicine testing laboratory in Guwahati will be updated. It is a well known fact that duplicate medicines in respect of life saving drugs are hugely sold in the North-Eastern States. How many such laboratories the hon. Minister is going to establish in the North-Eastern Region other than Guwahati?

DR. ANBUMANI RAMADOSS: Sir, I will get the information and give it to the hon. Member. But, as I said earlier, almost all the governmental drug testing laboratories whether at the State level or at the Central Government level are being upgraded and modernized. The latest equipment have been brought and capacity building process has been initiated. The personnel have also been trained under the World Bank schemes.[a9]

श्री राजनरायन बुधौलिया : माननीय अध्यक्ष जी, मैं आपके माध्यम से माननीय मंत्री जी से जानना चाहूंगा कि भारत सरकार द्वारा राज्यों की औाध जांच सुविधा बढ़ाने के लिए क्या कदम उठाए जा रहे हैं तथा उत्तर प्रदेश को अब तक कितनी धनराशि जारी की जा चुकी है? 354.25 करोड़ रुपये की राशि भारत सरकार ने खाद्य सुरक्षा एवं गुणवत्ता नियंत्रण के लिए विश्व बैंक की सहायता से प्राप्त की है।

अध्यक्ष महोदय : यह प्रश्न तो जाली दवाओं के संबंध में है। It has nothing to do with this Question.

DR. ANBUMANI RAMADOSS: I have already mentioned that about Rs.350-360 crore World Bank Funding is there for capacity building.

अध्यक्ष महोदय : यह प्रश्न तो फेक मैडिसिन्स के संबंध में है।

Q.No. 306 – Shri Uday Singh – not present.

Q.No.307 – Shri Brajesh Pathak.

(Q. No. 307)

श्री ब्रजेश पाठक : माननीय अध्यक्ष जी, मंत्री जी ने जवाब में बताया कि हमारे देश से अरब देशों सहित विदेशों में जो मज़दूर जाते हैं, उनकी स्थानीय स्तर पर संविदा टूटने के बाद उन्हें अपने देश वापस भेज दिया जाता है। अगर सरकार के संज्ञान में ऐसी बातें लाई जाती हैं तो सरकार उस पर कार्रवाई भी करती है। माननीय मंत्री जी ने ऐसे मामलों के आंकड़े बताने से जवाब में इंकार किया है। मैं माननीय मंत्री जी से जानना चाहता हूं कि ऐसे किसी भी मामले में आपने क्या कार्रवाई की है जिसमें कोई मामला आपके संज्ञान में लाया गया?

अध्यक्ष महोदय : उन्होंने तो कहा है कि वहां के कानून के मुताबिक चलेंगे।

SHRI VAYALAR RAVI: Usually, the Governments never send back anybody if the workers do not violate the law or when the visa period being expired. In this connection, only in Oman this year, 1930 people have been repatriated because they over-stayed their visas. So, the authorities detained them. Then, we intervened. The Embassy intervened. The Ministry intervened. After that, they have been repatriated to India because they did not have a visa to stay there. Otherwise, generally, it is not being done.

श्री ब्रजेश पाठक : माननीय अध्यक्ष जी, हमारे उन्नाव जनपद से हज़ारों की संख्या में मज़दूर खाड़ी देशों में काम करने के लिए जाते हैं और कुवैत में हज़ारों की संख्या में धोबी समाज के लोग काम करते हैं। उनको वहां अमानवीय यातनाएं दी जाती हैं, मारा-पीटा जाता है और पुनः भारत भेजने का काम किया जाता है। मैं माननीय मंत्री जी से जानना चाहता हूं कि जो उनको शारीरिक यातनाएं दी जाती हैं, मारा-पीटा जाता है, ऐसे मामलों में आपने क्या कार्रवाई की है?

SHRI VAYALAR RAVI: There are complaints of ill-treatment meted out to the workers who go there. Real issues are involved in it. I am not denying the fact that there is enough suffering for the Indian workers today. Last year, more than a million people have gone. Out of this, 5,46,000 have gone as immigrants. The rest of them have gone on a visit visa. So, for the visit visa, people do not have employment contract also. They land in problem. In this background, we negotiate with the different State Governments there. Today, at 12.30 p.m., I have to sign an agreement with the UAE Government. The Labour Minister is already here. It is about the protection of workers, their salary, their living conditions and to avoid fraudulent method of recruitment by both sides. This negotiation is already going on with the other four countries in the Gulf. I hope that we can complete this agreement with all the Gulf countries. We can protect our workers. As it is, some problems are there. I agree with him.

SHRI SURESH PRABHAKAR PRABHU : The poor workers of India who work in the Gulf and other places send more than $ 20 billion per year to the country. The FDI that comes to India is not even $ 4 to 5 billion. The incentives that we provide always are to those who bring in the FDI and we are wooing them. What about the poor workers who send the higher number of remittances? India is the biggest in this regard. Therefore, I want to know one thing. Protection of workers is a part of the problem. Incentivising these people when they send money back is other thing. It is to help them to settle in the life when they come back from overseas' job. Is the Government planning to have some scheme for them?

MR. SPEAKER: This is related to repatriation.

SHRI VAYALAR RAVI: Last year, the remittance was to the tune of $ 24 billion. Out of that, about 45 per cent came from the Gulf. The largest amount comes from the Gulf, from the workers. That is a fact. About the incentive as such, before they are going, there is an insurance scheme. That scheme has already been introduced. Otherwise, the demand has come from the workers for a welfare fund scheme and also a kind of a monthly payment when they come back after their job overseas.[R10]

Certain proposals are there to formulate different kinds of schemes, but nothing has been done so far. But I agree with the hon. Member that even though there is so much of remittance from them, there is not much of incentive that is given to them as it is being given to exporters. In the name of earning foreign exchange, exporters get so much of incentives. I have already taken up this matter with the Finance Minister to make some budgetary provision for creating a corpus for the welfare of these people.

MR. SPEAKER: Incentive for human export!

SHRI VAYALAR RAVI: No, Sir.

SHRIMATI M.S.K. BHAVANI RAJENTHIRAN : Mr. Speaker, Sir, from my backward constituency Ramanathapuram, many youths are daily going to Saudi Arabia and other countries to earn their livelihood. But if these countries send them back to India, it will create economic problems for them. I heard that the Union Government has appointed a Commission to look into their problems. So, will the Union Government involve that Commission in this matter so that it will help the Indians going abroad?

SHRI VAYALAR RAVI: Sir, there is no commission to look into these kinds of matters, but a study is being made. The problem is, many people go there without a proper visa. If they go on a visit visa, they have to come back. We have received many complaints that some fraudulent recruiting agents are indulging in malpractices and they are cheating the people by offering them employment with good salaries and everything. So, when people go there on such offer, this problem of deportation comes. That is why, we are regulating it to the maximum extent possible so as to avoid this kind of cheating.

SHRIMATI PRIYA DUTT : Mr. Speaker, Sir, the hon. Minister said that a lot of persons are going to Saudi Arabia without proper visas. I would like to ask the hon. Minister as to what is being done by the Central Government to keep a check on the illegal recruiting agencies which are literally exporting humans illegally to Gulf countries.

MR. SPEAKER: I think that is a very good question.

SHRI VAYALAR RAVI: Sir, there is only one route to go and that is with proper documentation. The demand letter, power of attorney and specimen contract agreement are the only three documents which have to be produced before the Immigration Office. More than five lakh people have gone with proper documents. In addition, on suspension of immigration clearance, more than four lakh people have obtained visit visas and they have landed there. These people have been offered employment there by the so-called recruiting agencies which are functioning even without proper registration and the poor village people are cheated by them.

MR. SPEAKER: She is asking as to what action you are taking against such agents.

SHRI VAYALAR RAVI: I have already taken action against those people. Whenever complaints come, I adopt two methods. One is, prosecution has to be done under the Immigration Act and it has to be done by State Governments. So, I write to Chief Ministers and I have already referred many specific cases to them. The other action is, issuing of Show Cause Notice, suspension and cancellation of their licences. We have already suspended 29 of them, cancelled licences of 18 such agencies and 79 complaints are pending and inquiry is going on. We will take action on those complaints also. This process is going on. Definitely we will proceed against these people.

SHRI N.N. KRISHNADAS : Mr. Speaker, Sir, actually this is the question I wanted to ask the hon. Minister. This is a very serious matter and there is no need of any elaboration. From Kerala itself, a lot of people have been cheated by these fake agencies. So, I would like to know whether the Government will take stringent action against these fake agencies. Then, what steps are being taken by the Government against them?

MR. SPEAKER: He has already said that.

SHRI VAYALAR RAVI: Two actions are to be taken. Such recruitment agencies have to be prosecuted. Their licences will be cancelled and then criminal action will follow as per the law. Definitely we will proceed against such people.

SHRIMATI JAYAPRADA : Mr. Speaker, Sir, I wanted to ask the same question which the hon. Member has just asked.

MR. SPEAKER: Then you are satisfied with the answer!

SHRIMATI JAYAPRADA : Not only that. I would like to appreciate the Minister very much for entering into agreement now, even though it is late because Belgium and other European countries have already entered into such agreements.[R11] In Gulf countries it is very late. If it is through, we are very happy. I appreciate that.

MR. SPEAKER: Mr. Minister, you need not reply; you have got an appreciation.

The Question Hour is over. Now, we come to Papers to be Laid on the Table.